

5'2"
134 lbs
Sm. Build



Patient Questionnaire

Patient ID# 005

1. Please state your age 14 and gender male
2. Please describe on a typical day, what you eat for:
 - a. Breakfast cereal / toast
 - b. Lunch peanut butter & jelly, chips
 - c. Dinner CHEESE PIZZA, FRIES
 - d. Snacks/Desserts APPLE, COOKIES
3. How many times per day do you
 - a. Drink soda? 0 What types? _____
 - b. Drink sports drinks? _____
 - c. Drink juice? 4 What types? APPLE, ORANGE
 - d. Eat snacks/dessert? 4
 - e. Drink coffee-based beverages 2 What types? McDonald's Frappe
4. How many times per week do you
 - a. Exercise? 2 What types of exercises do you do and for how long? lift weights, 20 min
 - b. Eat out? 2 at which restaurants? IHOP, SUBWAY
5. What would you typically describe as a serving of
 - a. Cereal? 1 bowl
 - b. Potato chips/other snack chips? 1 cup
 - c. Meat? ?
 - d. Fruit/Vegetables? ?
 - e. Soda or sports drinks? 1 glass
 - f. Juice? 1 glass
6. Do you drink milk? YES If yes, what type of milk (circle one): skim 1% (2%) Vitamin D
7. Do you have any dietary restrictions? YES If yes, please describe them
im a vegetarian
8. List any medical conditions that you have: NONE
9. Is there a history of any health condition in your family? YES If yes, please list the condition(s):
Dad has SLEEP APNEA

Doctor's Notes: Blood panel Results

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|--------------------|------------------------|
| Glucose: 110 mg/dL | LDL: 155 |
| Protein: 7.3 g/dL | HDL: 45 |
| triglycerides: 185 | Total cholesterol: 200 |